

SCITUATE BOARD OF HEALTH CHECKLIST FOR PRIVATE WELL INSTALLATION

_____ Completed Application for a Permit to Install a Private Well

_____ Non-Refundable Application Fee

_____ Copy of Current MassDEP Well Driller Certification

_____ Proof that the owner of any property abutting the applicant's property has been notified of the applicant's intention to install a private well.

_____ Plan with a specified scale that is signed and stamped by Massachusetts licensed Professional Land Surveyor or Professional Engineer showing the following:

- The location and description of all existing or proposed above or below ground structures on the property and adjacent properties within 200 feet of the proposed well
- All property lines, public or private ways, buildings, water lines, sewer lines, subsurface drains, septic tanks, pump chambers and leaching facilities within 200 feet of the proposed well.
- Underground storage tanks (USTs), landfills, and any potential source of contamination within 500 feet of the proposed well.

*Note that the plan should be submitted concurrently to the Conservation Commission and Department of Public Works for review

Upon completion, an As Built Plan and Completion Report must be submitted to the Board of Health by the well driller.

Permit # _____

**SCITUATE BOARD OF HEALTH
APPLICATION FOR PERMIT TO INSTALL A PRIVATE WELL**

DATE OF APPLICATION _____ NON-REFUNDABLE \$150.00 FEE ☐

DATE APPLICATION COMPLETE _____

TYPE OF LOT: RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

TYPE OF WELL USE: _____ IRRIGATION _____ DRINKING WATER _____

APPLICANT INFORMATION

Name of Owner _____ Phone number _____

Address of Well _____

Address of Owner if different than location of well _____

Conservation Approval _____ DPW Approval _____

WELL DRILLER

Name _____ Phone Number _____

Address _____

Registration # _____

The undersigned agrees to comply with all rules and regulations of the Board of Health pertaining to a water supply.

State Registration No. _____ Signed _____ Date _____

SCITUATE BOARD OF HEALTH CERTIFICATE OF COMPLIANCE

This is to certify that the private water well installed by _____
at _____ has been drilled in accordance with the Scituate Board of
Health rules and regulations and a water analysis submitted showing compliance with Massachusetts
Drinking Water Regulations. The issuance of this certificate is NOT to be construed as a guarantee that
the system will function satisfactorily.

Date _____ Licensed Well Driller _____

Scituate Board of Health _____

**SCITUATE BOARD OF HEALTH
WATER WELL INSTALLATION PERMIT**

Permission is hereby granted to _____ to install a private
water well at _____ as shown on the Application for
Permit to Install a Private Well. This well is to be used for _____ irrigation or _____ drinking water.
No drilling shall commence before Board of Health approval of this application

Date _____ Scituate Board of Health _____